STATE OF CALI	FORNIA	:	U	l segih	A Lans	and *Priv	acy State	ement on Ro	evers	se Side	Br	(Trip?	○ YES	O No
TRAVEL EXPENSE CLAIM		MAIM "	Traveler ID Unit Code 210				STAFF					Page of Pa		
		Fiscal Y					SSN OR EMPLOYEE NUMBER*					DEPARTMENT OPR		
Pos Secretary of Volunteering and		1	CB/ID NO.: EXEMPT			Ca	California Volunteers						PCA # 21201	
RESIDENCE ADDRESS*							1110 K Street Suite 210						916-323-7646	
CITY		<u>//</u>	STATE		ZIP CODE	CITY	•			·—		STATE		ZIP CODE
Sacramen	to	C	CA			Sac	ramento					CA	958	
(1) MONTH/YEAR (3)			(4)	(4) (5) MEALS			(6)	(7) TRANSPORTAT			(D)		(8)	(9)
Sep 2009 LOCATION WHERE EXPENSE WERE INCU		ENSES	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OF DINNER	INCIDENT- TALS	COST OF TRANS.	TYPI.	CARFARE,		AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE TIME												\$0.00		\$0.00
9/24 0500 1700	Sac/Los Angeles/Sac				\$10.00			\$307.20	i i	\$9.00	36	\$19.80		336.00 -\$346.00
												\$0.00		\$0.00
												\$0.00		\$0.00
		······································										\$0.00		\$0.00
												\$0.00		\$0.00
								E O W	E			\$0.00		\$0.00
												\$0.00		\$0.00
——————————————————————————————————————							DCT	2 1 2009				\$0.00		\$0.00
-						OFFIC AL	E OF PLAN	VING & RES	EAR	H		\$0.00		\$0.00
		-						THE OLIVIC	10			\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		336.0
(10) SUB	TOTALS		1		\$10.00			\$307.20	<u> </u>	\$9.00	\$3	1 6 19.8 1		\$346:00
Ċ	OLUMNICODE (AC	ctg USE o	NEYÜ							CLAIM	TOTA	J, S	36.00 _{\$}	346.00
(11) PURPOSE O	F TRIP, REMARKS AND I	DETAILS (Attach	receipts/vouche	ers when requ	ured)						/12)	NOBWEI W	UBK HUI IBS	
Attended t	he LA Catastrop	ohic Plan n	neeting								(13)	PRIVATE VE	HICLE-LICEN 4ybc	
											(14) MILEAGE F	RATE CLAIME	D
												المستحدد والمبارض	Æ ON Y	
											PAID	BY RE√OLV:).55
THE'. CERTI	IFY That the above is a tru ehicle was used, and if mil I have met the requiremer	e statement of the	e travel expens d the minimum	es incurred by rate. I certify	y me in accordant that the cost of 10752.0753	ance with DPA foperating the and 0754 pert	A rules in the vehicle was aining to vehi	service of the Si equal to or grea icle safety and s	tate of iter tha	California. In the rate	ıf l			
claimed, and that (15) CLAIMANT'S		us as prescribed t	Jy SAIVI SECTION	DATE /	19/00	(16)	SNATURE C	OF OFFICER AF	PROV	ING TRIV	LIAMO!	PAYMENT	PAR 9	1.09
Kan-	PENSE AUTHORIZATION	- SIGNATURE a	nd TITLE (See	Item 17 on re	everse)		· ·	UP,	7	THY		<u></u>	DATE	<u> </u>